Attorney Docket No. 2830-0173PUS1

PLEASE NOTE: YOU MUST COMPLETE THE

FOLLOWING

BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	ROTARY FLUID MACHINE								
Fill in Appropriate	the specification of whi	ch is attached he	reto. If not attached heret	o, the application is ide	entified by the attor	ney docket r	umber as set		
I III III II I I I I I I I I I I I I I	forth above and/or the		as						
Information -	The specification			 					
For Use Without Specification	United States Application Number 10/500,691 and amended on					(if applicable) and/or as PCT			
Attached:	the specification was filed on January 17, 2003 Let a specification Number PCT/JP03/00332					; and was			
Insert Priority Information: (if appropriate)	International Application Number								
	amended by any amen I acknowledge the Regulations, §1.56. I do not know and thereof, or patented or year prior to this application to this application of the presentative or assignatent or inventor's ceapplication by me or meaning the second of the patent or inventor's ceapplication by me or meaning the second of the property of th	material to patentabile or used in the United any country before my use or on sale in the United of States of America is for designs) prior to n any country foreign as follows. ted States Code, \$119(ow any foreign applicanimed: January/21/200 (Month/Day/Year	Ionth/Day/Year Filed) Ionth/Day/Year Filed) Ionth/Day/Year Filed) Ionth/Day/Year Filed) Ionth/Day/Year Filed)						
					771 1	☐ Yes	□ No		
	(Number)	(Country)		(Month/Day/Year					
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.								
Insert Provisional Application(s): (if any)	(Application Number) (Filing Date)								
	(Application Number) (Filing Date)								
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
	Country		Application Number	Date	of Filing (Month/I	Day/Year)			
Insert Requested Information: (if appropriate)					1/ PCT	liantion(s)	including for		
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S. Application(s): (if any)	(Application Number	r)	(Filing Date)	(Sta	tus - patented, pend	ling, abando	ned)		
Page 1 of 2	(Application Numbe	r)	(Filing Date)	(Sta	tus - patented, pend	ling, abando	ned)		

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I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written hotice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO/02292

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Inventor Insert Date This Document is Signed	Kensuke HONMA	Kensuke Honma		Wovember 18,2004					
Insert Residence	Residence (City, State & Country)	(A)	CITIZENSHI						
Insert Citizenship →	Wako-shi, Saitama, Japan	Y X	Japan						
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o Kabushiki Kaisha Honda Gijutsu Kenkyusho, 4-1, Chuo 1-chome, Wako-shi, Saitama, Japan								
	e/o kabushiki kaisha nonda Gijucsu k	enkyusho, 4-1, Chuo 1-Chom	e, wako-sni	, Saitama, Japan					
Full Name of Second	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Inventor, if any:	Hiroyuki MAKINO	Hirozpulci Malcis	no	November 22,2004					
$\mathcal{C}(X)$	Residence (City, State & Country)		CITIZENSHI						
	Wako-shi, Saitama, Japan	1	Japan						
	MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)	l						
	c/o Kabushiki Kaisha Honda Gijutsu K	enkyusho, 4-1, Chuo 1-chom	e, Wako-shi	, Saitama, Japan					
ull Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Inventor, if any: see above	01/24/1/4/2011/1/4/2011/1/4/2011/1/4/2011/1/4/2011/1/4/2011/4/2011/4/2011/4/2011/4/2011/4/2011/4/2011/4/2011/4	NVEVIORS SIGNATURE		DAIL					
	Residence (City, State & Country)		CITIZENSHI	P					
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ull Name of Fourth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Inventor, if any: see above	OIVEN INAME, I AMILLI INAME	INVENTORS SIGNATURE		DATE					
	Residence (City, State & Country)		CITIZENSHII	P					
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
ull Name of Fifth	CN/ENINIAN (FANCIS VALANCE	DATE TO DESCRIPTION							
Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHII	?					
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ull Name of South	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Inventor, if any: see above	,								
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*DATE OF SIGNATURE